• FORM D

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UNITED STATES 1933 SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB API	PROVAL
OMB NUMBER:	3235-0076
Expires:	April 30, 2008
Estimated average	burden
hours per response	16.00

SEC	USE ONLY
Prefix	Serial
1	1
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Date	Received
- 1	1

Name of Offering (check if this is an amendment and name has changed, and indicate change	.)
Limited Partner Interests in FLAG International Partners II, L.P.	-lan
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ S Type of Filing: ☒ New Filing ☐ Amendment	ection 4(6) SEC Mall Processing Section
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	*PD 1 4 2008
Name of Issuer (Check if this is an amendment and name has changed, and indicate change.)	APR
FLAG International Partners II, L.P.	Washington, DC
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
c/o FLAG Capital Management, LLC, 1266 East Main Street, Soundview Plaza, \$\frac{\psi}{2}\$ Floor,	(203) 352-0440
Stamford, CT 06902	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
	Description -
Investment Services	
Type of Business Organization 3	08047189
	ther (0004/189
□ business trust □ limited partnership, to be formed	
Month Yea	<u>r</u>
0 3 0 8	
Actual or Estimated Date of Incorporation or Organization:	☐
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	State:
CN for Canada; FN for other foreign jurisdiction)	ك الله

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et sea, or 15 H.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state aw. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past fve years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☑ General Partner Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director of the Issuer Full Name (Last name first, if individual) FLAG International Company II, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 1266 East Main Street, Soundview Plaza, 5th Floor, Stamford, CT 06902 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner □ Executive Officer ☑ General Partner of □ Director the Issuer's General Partner Full Name (Last name first, if individual) FLAG International Company II, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1266 East Main Street, Soundview Plaza, 5th Floor, Stamford, CT 06902 Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☐ General and/or Partner of the Issuer's Managing Partner General Partner Full Name (Last name first, if individual) Lawrence, L. Peter (Number and Street, City, State, Zip Code) **Business or Residence Address** 1266 East Main Street, Soundview Plaza, 5th Floor, Stamford, CT 06902 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☑ Member of General □ Director □ General and/or Partner of the Issuer's Managing Partner General Partner Full Name (Last name first, if individual) Frazier, Diana H. Business or Residence Address (Number and Street, City, State, Zip Code) 1266 East Main Street, Soundview Plaza, 5th Floor, Stamford, CT 06902 ☐ General and/or Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner Partner of the Issuer's Managing Partner General Partner Full Name (Last name first, if individual) Gasperoni, James H. **Business or Residence Address** (Number and Street, City, State, Zip Code) 1266 East Main Street, Soundview Plaza, 5th Floor, Stamford, CT 06902 Member of General □ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner Partner of the Issuer's Managing Partner General Partner Full Name (Last name first, if individual) Sciarretta, Jr., Louis

Member of General □ Director

Partner of the Issuer's

General Partner

☐ General and/or

Managing Partner

(Number and Street, City, State, Zip Code)

□ Beneficial Owner

(Number and Street, City, State, Zip Code)

Business or Residence Address

Business or Residence Address

Full Name (Last name first, if individual)

Check Box(es) that Apply:

Sullivan, Michael

1266 East Main Street, Soundview Plaza, 5th Floor, Stamford, CT 06902

□ Promoter

Check Box(es) that Apply;	☐ Promoter	☐ Beneficial Owner		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)			
Denious, Peter L.				
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)	
1266 East Main Street, Soundvie	w Plaza 5th Floor	Stamford CT 06902		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ General and/or Managing Partner
Full Name (Last name first, if inc	lividual)			
Fritzinger, Timothy C.				
Business or Residence Address 1266 East Main Street, Soundvie	(Numb w Plaza, 5 th Floor,	er and Street, City, State, 2 Stamford, CT 06902	Zip Code)	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		General and/or Managing Partner
Full Name (Last name first, if inc	dividual)			
Palmer, Alexis A.				
Business or Residence Address 1266 East Main Street, Soundvie	(Numb w Plaza, 5 th Floor,	er and Street, City, State, 2 Stamford, CT 06902	Zip Code)	
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner		☐ General and/or Managing Partner
Full Name (Last name first, if inc	lividual)			
Reed, Scott R.				
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)	
1266 East Main Street, Soundvie	w Plaza 5 th Floor	Stamford CT 06902		
Check Flox(es) that Apply:	□ Promoter	☐ Beneficial Owner		☐ General and/or Managing Partner
Full Name (Last name first, if inc	dividual)			
Nelson, Eileen				
Business or Residence Address 1266 East Main Street, Soundvie	(Numb w Plaza, 5 th Floor,	er and Street, City, State, 2 Stamford, CT 06902	Zip Code)	
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner		☐ General and/or Managing Partner
Full Name (Last name first, if inc	dividual)			
Bardorf, Michael				
Business or Residence Address 1266 East Main Street, Soundvie	(Numb w Plaza, 5 th Floor,	er and Street, City, State, 2 Stamford, CT 06902	Zip Code)	
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☑ Executive Officer ☐ Director	General and/or Managing Partner
Full Name (Last name first, if inc	dividual)			
Hansen, Karen M.				
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)	
1266 East Main Street, Soundvie	w Plaza, 5th Floor,	Stamford, CT 06902	•	

				B. INF	ORMATIC	N ABOUT	OFFERE	NG				
1. Has the is	suer sold, o	r does the is	ssuer intend	i to sell, to	non accred	ited investo	ors in this o	ffering?			Yes	No ⊠
			Ans	wer also in	Appendix,	Column 2.	if filing und	der ULOE.				
5 11 11 11							_				• 2000	
2. What is the *The minim				-	•						\$_3,000	<u>,000+</u>
I ne mann	min onerini	g amount n	nay be wai	veu by the	General r	anner or u	ue issuer iii	i its discre	.100.	,	Yes	No
3. Does the	offering pen	mit joint ov	vnership of	a single ur	nit?							
4. Enter the remuneration agent of a bropersons to be	for solicita oker or deal listed are a	tion of pure er registere ssociated p	chasers in c d with the S ersons of si	onnection SEC and/or uch a broke	with sales o	f securities or states, you may s	in the offer	ring. If a pone	erson to be oker or deal	listed isan er. If mor	associate e than fiv	d person or
Full Name (I.	ast name fi	rst, if indivi	idual)									
Business or	Residence A	Address (Nu	imber and S	Street, City	, State, Zip	Code)						
Name of Ass	ociated Bro	ker or Deal	er	· <u></u>		·			· , · , · , · . · · ·	· • •		
States in Wh												A II Co
(Check "	'All State" o	r check ind	lividual Sta [AR]	tes) [CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	 [H]	All States
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (I		•										
Business or I	Residence A	ddress (Nu	mber and S	street, City,	State, Zip	Code)						
Name of Ass	ociated Bro	ker or Deal	er									
States in Wh	ich Person I 'All State" o										п	All States
/ ~ 110 € IX	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[AL]					(LA)	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[AL]	[IN]	[IA]	[KS]	[KY]	[LAN]	[]						
	[IN] [NE]	[IA] [NV]	[KS] [NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

al cl	inter the aggregate offering price of securities included in this offering and the total amount iready sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, neek this box and indicate in the columns below the amounts of the securities offered for exchange and already were and already with the securities.		
а	nd already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$_0	\$ <u>0</u>
	Equity		
	□ Common □ Preferred		
	Convertible Securities (including warrants)	• 0	\$ _0
	Partnership Interests		
	* The "Amount Already Sold" is accurate only as of March 28, 2008, the initial closing of the of the issuer intends to hold multiple closings for this offering.		
	Other (Specify)	\$ 0	\$ _0
	'Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	<u> </u>
of th	Inter the number of accredited and non-accredited investors who have purchased securities in this fering and the aggregate dollar amounts of their purchases. For offerings underRule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases in the total lines. Enter "0" if answer is "none" or "zero."	s Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	_ 30	\$_51,275,000
	Non-accredited Investors		
	Total (for filings under Rule 504 only)	N/A	\$_ N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		* <u></u>
sc	this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior the first sale of securities in this offering. Classify securities by type listed in Part C- Question 1.		
	Type of offering	Type of	Dollar Amount
	Rule 505	Security N/A	Sold \$ <u>N/A</u>
	Regulation A	N/A	\$ N/A
	Rule 504		\$ N/A
	Total		· ·
4. a	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		<u> </u>
	Transfer Agent's Fees		□ \$ <u>N/A</u>
	Printing and Engraving Costs		⊠ \$_15,000_
	Legal Fees		S 345,000
	Accounting Fees		■ \$ 40,000
	Engineering Fees		□ \$ N/A
	Sales Commissions (specify finders' fees separately)		□ \$ N/A
	Other Expenses (identify) ("blue sky" filings, travel, telecopy, telephone, othermiscellaneous)		≥ \$ 100,000
	Total		S \$ 500.000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS				
	b. Enter the difference between the aggregate offering price given in response to Part C- Question 1 and total expenses furnished in response to Part C- Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				\$249,50 <u>0,</u> 000
4	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C- Question 4.b above.				
			Payments to Officers, Directors, & Affiliates	J	Payments To Others
	Salaries and fees	⊠	\$ <u>*</u>		\$ <u>N/A</u>
	Purchase of real estate		\$_N/A		\$ <u>N/A</u>
	Purchase, rental or leasing and installation of machinery and equipment		\$_N/A		\$ N/A
	Construction or leasing of plant buildings and facilities		\$_N/A		\$_N/A
	Acquisition of other businesses		\$_N/A		\$ N/A
	Repayment of indebtedness		\$_N/A		\$_N/A
	Working Capital		\$_N/A		\$_N/A
	Other (specify): Investments		\$ N/A	×	\$ **
	Column Totals	Ø	\$_*	Ø	\$_**
	Total Payments Listed (Column totals added)	. ⊠	\$249 500 000		

^{*}An affiliate of the General Partner will receive an investment advisory fee for management services provided to the issuer payable by the issuer quarterly in advance. In general, the investment advisory fee will be equal to a percentage, as specified in the partnership agreement of the issuer, multiplied by the aggregate commitments of limited partners of the issuer.

^{**}Unknown at this time.

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed underRule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date			
FLAG International Partners II, L.P.	Lour scrawthof.	April 10, 2008			
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Louis Sciarretta, Jr.	Member of FLAG International Company II, LLC the general partner of FLAG International Company II, L.P, the general partner of the issuer.				

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)